

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

1 FILING DATE

APPLICANT(S)

	AS FILED		APPLIED 1ST AMENDMENT		APPLIED 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1					
TOTAL DEP.	21	←	→	→	→	→
TOTAL CLAIMS	22					